



TEXAS DEPARTMENT OF HEALTH
EMS STANDARDS
1100 WEST 49TH STREET
AUSTIN, TX 78756-3199

2 YEAR C E SUMMARY REPORT

All information given on this application is considered public record, with exception of social security number*. **To avoid the risk of emergency suspension**, your completed form should be mailed to the above address during your 2nd year of certification, but no later than 90 days after your 2 year mark. Licensed paramedics are required to accrue CE by their 2 year mark, but are NOT required to report CE until they reach their 4 year renewal period.

SECTION A- Personal Data

Printed Last Name				First	Middle	Social Security Number* or EMS Personnel ID#	
*Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier so as to prevent confusion among applicants of similar or same name.							
Mailing Address: Street or PO Box				City		State	Zip
Certification Level				4 Year Cert Period (begin & end date)	Home Phone	Business Phone	

SECTION B- DO NOT SEND CE DOCUMENTATION WITH THIS FORM. Enter the number of CE hours you have accumulated within each content area during this two year period.

Required Content Area	Required EMT-P	Completed EMT-P	Required EMT-I	Completed EMT-I	Required EMT	Completed EMT	Required ECA	Completed ECA
Preparatory (gen patient assess; shock; airway mgt; gen pharm)	8		8		4		2	
Trauma	10		7		4		3	
Cardiovascular	8		3		2		1	
Medical Emergencies	11		11		10		4	
Special Patients (geriatric; pedi; neonatal; OB/GYN; behavioral)	11		7		4		2	
Minimum Content Hours	48		36		24		12	
**Additional CE Hours	32		24		16		8	
Total Hours for 2 Year Period	80		60		40		20	

This summary report covers the following 2 year CE period (begin & end date): _____

**Additional CE hours may include: Rescue/Extrication; Communications; Emergency Driving; Documentation/Medical/Legal; Management; Administration; Education; and content area subject matter.

SECTION C- Signature & Date

I attest I have **completed** the hours listed above. I understand that I may be required to furnish proof of my CE hours and agree to retain documentation of the above hours for a period of five (5) years. I acknowledge the burden of proof of CE participation is solely my responsibility. I also understand if I am unable to substantiate these hours my certification may be revoked.

Signature

Date